

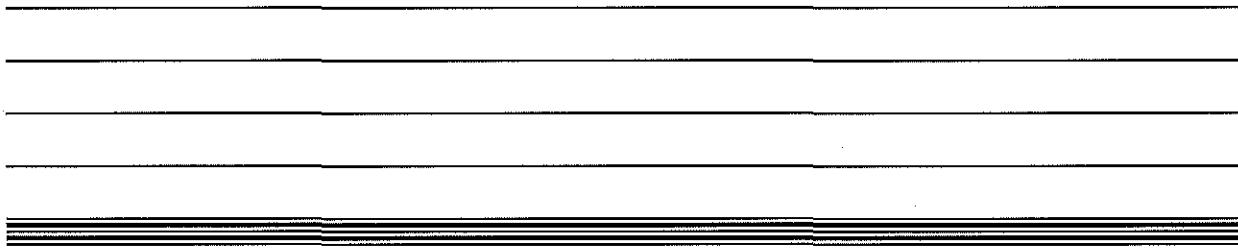
# OverSight Division

Committee On Legislative Research

## **PROGRAM EVALUATION**

Review of the  
Department of Health and Senior Services  
Bureau of Emergency Medical Services  
Licensing and Complaint Resolution  
Procedures for Ambulance Districts

2015



Program Evaluation  
Review of the  
Department of Health and Senior Services  
Bureau of Emergency Medical Services  
Licensing and Complaint Resolution  
Procedures for Ambulance Districts

*Prepared for the Committee on Legislative Research  
by the Oversight Division*

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*2015*

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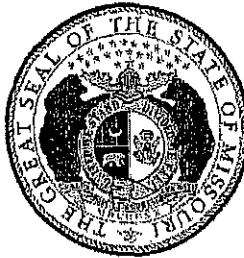
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Members of the General Assembly:

The Joint Committee on Legislative Research adopted a resolution on June 19, 2015 directing the Oversight Division to perform a program evaluation of the Department Health and Senior Services, Bureau of Emergency Medical Services Licensing and Complaint Resolution Procedures for Ambulance Districts to determine and evaluate program performance in accordance with program objectives, responsibilities, and duties as set forth by statute or regulation.

The report includes Oversight's comments on internal controls, compliance with legal requirements, management practices, program performance and related areas. We hope this information is helpful and can be used in a constructive manner for the betterment of the state program to which it relates. You may obtain a copy of the report on the Oversight Division's website at [www.legislativeoversight.mo.gov](http://www.legislativeoversight.mo.gov).

Respectfully,

*Kevin Engler*

Representative Kevin Engler  
Chairman

## EXECUTIVE SUMMARY

The Department of Health and Senior Services (Department), Bureau of Emergency Medical Services (Bureau) is responsible for the inspection and licensing of all ground and air ambulance services, Emergency Medical Response Agencies, and training entities in the State of Missouri. In addition, the Bureau is responsible for the licensing/relicensing of all emergency medical service personnel (emergency medical technicians and paramedics). During the five-year period between FY 2011 and 2015, the Bureau licensed approximately 220 ground ambulance services, 12 air ambulance services, 40 Emergency Medical Response Agencies, 315 training entities and more than 21,000 emergency medical technicians.

The Bureau has never denied, suspended or revoked an ambulance service licensing request because to do so could cause the population in that area to be without an ambulance service. Rather, the Bureau works with the service to ensure that it meets or exceeds the necessary level of compliance for licensure. However, the Bureau does periodically have to suspend, deny, or revoke the licenses of emergency medical service personnel. When this happens, the Bureau notifies the applicant and advises them of their right to file a complaint with the Administrative Hearing Commission. Upon a finding by the Administrative Hearing Commission that the Bureau has proved that the grounds for disciplinary action have been met, the Bureau may place the person on probation, suspend, or revoke the license. Oversight recommends the Bureau work with the legislature to draft language similar to that currently in law in Section 195.040.8, RSMo, allowing the Bureau to discipline licensees for minor infraction without having to go to the Administrative Hearing Commission.

At the present time, the Bureau does not have the authority to permanently deny applicants a license based on certain felony convictions. Only those applicants who have had their license revoked twice within a ten-year period are ineligible for relicensure. Oversight recommends the Bureau work with the legislature to draft legislation that provides the Bureau with the authority to issue permanent denials to applicants with certain criminal felony convictions, those convictions that would cause a reasonable person to question their safety around that potential licensee.

A part of the licensure process includes performing Federal background checks on licensees. However, once initially licensed, the Bureau only conducts state fingerprint checks on licensees unless the licensee does not maintain Missouri residency for the entire five-year licensing period. Background checks, whether Federal or State, are paid with General Revenue funds and are free to the applicants. Oversight recommends that Federal background checks be conducted on every licensee prior to relicensing as well as checks against the Missouri Employee Disqualification List and the Childcare Safety Registry. In addition, Oversight also recommends that Bureau actively pursue passage of a proposal to utilize the Missouri State Highway Patrol's Cogent system for collecting and processing background checks on all applicants and that applicants be required to pay background check fees.

The Bureau of Emergency Medical Services is also provided authority to complete investigations of alleged violations of the “Comprehensive Emergency Medical Services Systems Act”. Section 190.248, RSMo provides that all investigations into allegations of violations are to be completed within six months of receipt of the allegation. Oversight reviewed a sample of complaint allegations received by the Bureau and noted no instances in which the Bureau had not completed its investigation within the six-month period of time. However, due to a data entry error, there were complaints from FYs 2011 through 2013 that appeared to be open, when in fact, they were closed. Review of the older files’ documentation did not appear to substantiate that the complaints had actually been resolved. Policies and procedures implemented since FY 2013 provide substantially better documentation of the resolution of complaints. Oversight recommends the Bureau continue to practice the policies and procedures it has implemented since FY 2013 to ensure resolution of all complaints and that the Bureau continue to follow-up on open complaints to verify the complaint results are accurately documented in its database.

The Bureau does not have the authority to investigate ambulance service complaints unless the complaints relate to licensing or “clinical care” issues. As a result, Oversight visited three local ambulance services to inquire about their complaint resolution procedures and to gather additional general information. All of the services indicated that they respond to, and resolve, all complaints in-house unless the complaint relates to a licensing issue or the Bureau contacts them about a complaint. Additional comments were made regarding the current five-year licensing law, background checks on emergency medical services personnel and the imposition of licensing fees. Each of the ambulance services believe background checks should be conducted more frequently and that licensing fees should be charged if given back to the Bureau to increase the services provided by the Bureau to the ambulance districts and emergency services personnel.

## Chapter 1

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### Purpose/Objectives

The General Assembly has provided by law that the Joint Committee on Legislative Research may have access to and obtain information concerning the needs, organization, functioning, efficiency and financial status of any department of state government or of any institution that is supported in whole or in part by revenues of the State of Missouri. The General Assembly has further provided by law for the organization of an Oversight Division of the Joint Committee on Legislative Research and, upon adoption of a resolution by the General Assembly or by the Joint Committee on Legislative Research, for the Oversight Division to make investigations into legislative governmental institutions of this state to aid the General Assembly.

The Joint Committee on Legislative Research directed the Oversight Division to perform an evaluation of the Department of Health and Senior Services (DHSS), Bureau of Emergency Medical Services (Bureau or BEMS), Licensing and Complaint Resolution Procedures for Ambulance Districts.

Oversight's review included, but was not limited, to the following:

- Determining what federal and state regulations govern ambulance districts/services and whether these regulations differ depending on whether the ambulance is a publicly- or privately-operated entity;
- determining whether BEMS, or some other division of DHSS, conducts audits of ambulance districts/services and whether these audits include a reconciliation of trip ticket mileage and variances to account for all of the miles on an ambulance's odometer;
- determining how complaints are investigated, the average time for complaint resolution, and whether complainants are notified regarding the resolution of their complaint;
- determining the annual number of complaints received by the BEMS on ambulances, ambulance attendants, the services provided, etc.;
- determining whether BEMS reviews complaint statistics between ambulance districts/services and uses those statistics to determine whether additional review during survey and licensing activities should be performed;
- determining how many licenses of ambulance districts/services and emergency medical personnel have been revoked or suspended during the past five years;
- determining what procedures must be followed for the reinstatement of licenses;
- determining what other disciplinary procedures BEMS can implement for improper actions by ambulance districts/services and/or staff; and,
- determining whether the current five-year licensing cycle seems reasonable or whether it should be based on some other measure.

OVERSIGHT DIVISION

Program Evaluation of the Department of Health and Senior Services  
Bureau of Emergency Medical Services

## Scope

The scope of this program evaluation concentrated on the period July 1, 2010 though June 30, 2015 (State Fiscal Years 2011 through 2015).

## Methodology

Oversight's review included reviewing Federal and State statutes, rules and regulations, conducting interviews with Bureau of Emergency Medical Services staff, reviewing organizational charts, audit reports, budget information, and a sample of complaints. Oversight also conducted a comparison of Missouri's Emergency Medical Services (EMS) system to several other states and met with EMS district/service staff in the central Missouri area.

## Background

The Department of Health and Senior Services was originally organized as the State Board of Health on March 29, 1883. In 1945, the Board of Health became the Division of Health within the Department of Public Health and Welfare. Then, in 1967 the State Board of Health was recreated, but this time within the Division of Health. A reorganization of state government in 1974 placed the Division of Health within the Department of Social Services. In 1985 legislation was signed by Governor John Ashcroft creating the Department of Health. At that time, the Department of Health was officially delegated the responsibility of supervising and managing all public health functions and programs formerly administered by the Division of Health. By executive order in 2001, the Division of Aging was transferred from the Department of Social Services to the Department of Health and the department became the Department of Health and Senior Services.

DHSS is comprised of four divisions that are responsible for supervising and managing all public health functions and programs for Missourians: the Division of Administration, the Division of Senior and Disability Services, the Division of Community and Public Health, and the Division of Regulation and Licensure.

The Division of Regulation and Licensure is responsible for a wide spectrum of services including child care and elder care issues and is itself divided into three sections: the Section for Child Care Regulation, the Section for Long-Term Care Regulation, and the Section for Health Standards and Licensure. Health Standards and Licensure is responsible for assuring that the care and services provided by hospitals, ambulatory surgical centers, home health agencies, hospices, ambulance services, emergency medical technicians, persons who prescribe and dispense controlled substances, end stage renal dialysis facilities, and other types of health care facilities meet state and/or Medicare and Medicaid standards. Health Standards and Licensure also conducts periodic licensure surveys and investigates complaints.

Within Health Standards and Licensure, the Bureau of Emergency Medical Services regulates ambulance services, emergency medical response agencies (EMRAs), emergency medical service personnel (specifically Emergency Medical Technicians (EMTs)), and training agencies. Ambulances and EMRAs provide treatment for people needing immediate care. The BEMS also regulates and accredits training agencies that provide initial and continuing education to EMS personnel so they can obtain and maintain their licenses.

In 1998, CCS for HS for SB 743 created sections 190.001 to 190.245, known as the “Comprehensive Emergency Medical Services Systems Act”. Among other changes, the bill: 1) established the State Advisory Council on Emergency Medical Services to advise the Governor, the General Assembly, and the Department of Health and Senior Services on matters relating to improving emergency medical services, 2) required DHSS to license and regulate air ambulance services, ground ambulance services, and emergency medical response agencies (EMRAs), 3) allowed the DHSS to resolve issues regarding ground ambulance service area boundaries in order to assure ambulance service coverage throughout the state (did not allow the department to modify jurisdictional boundaries of existing services), 4) required DHSS to certify (license) the various levels of Emergency Medical Technicians, 5) required DHSS to regulate and accredit training institutions that train EMS personnel, and 6) required DHSS to license and regulate all EMTs for a period not to exceed five (5) years.

Oversight reviewed Chapter 190, RSMo and determined that the following sections relate to the scope of this review regarding emergency medical services licensing and complaint resolution:

- 190.075 - Record retention by ambulance districts;
- 190.094 - Minimum staffing on ambulances;
- 190.098 - Community paramedics;
- 190.100 - Definitions;
- 190.101 - State Advisory Council on Emergency Medical Services;
- 190.131 - Certification of training entities;
- 190.133 - Licensing Emergency Medical Response Agencies;
- 190.142 - Rules for Emergency Medical Technicians and licensing requirements;
- 190.165 - Grounds for suspension and revocation of licenses;
- 190.175 - Record retention by licensees;
- 190.176 - Data collection system;
- 190.185 - Rules and regulations to be adopted by the department and consideration of recommendations of the State Advisory Council on Emergency Medical Services; and
- 190.248 - Investigations into allegations of violations and when to be completed.

A review of legislative changes to the above sections for the period of this review, FY 2011 though FY 2015 (July 1, 2010 to June 30, 2015) showed that in FY 2011, HB 464 modified section 190.175 by changing the word “head” to “brain” as it relates to the Missouri brain and spinal cord injury registry and in FY 2013, HB 307/HB336 added section 190.098 and made changes to section 190.100 relating to “community paramedics”.

OVERSIGHT DIVISION

Program Evaluation of the Department of Health and Senior Services  
Bureau of Emergency Medical Services

No Federal regulations pertaining to state operations of emergency medical services were found. Federal guidance appears to be limited to ambulance specifications at the time the ambulance is manufactured.

Ambulance services, EMS personnel, EMRAs and training entities are each licensed for a five (5) year period by BEMS staff. Between FYs 2011 and 2015, BEMS licensed approximately 220 ground ambulance services, 12 air ambulance services, 40 EMRAs, and 315 training entities. In addition, the Bureau licensed an average of 21,093 EMTs (Basic, Intermediate, and Paramedics). Each year BEMS licenses or relicenses approximately one-fifth, or 4,336, of all licensees in these categories. For FY 2015, BEMS funding totaled \$485,010 (\$400,512 General Revenue; \$84,498 Federal); FY 2016 funding is \$471,410 (\$413,839 General Revenue; \$57,571 Federal). BEMS has a staff of 7 FTE (the Bureau Chief; 1 Supervisor; 2 Inspectors (1 of whom is responsible for grant management); 1 Investigator; and 2 Support staff).

## Chapter 2 - Licensing

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### Ambulance Service Licensing

Ambulance services cover the entire geographic area of the state of Missouri and have exclusive control and responsibility to provide emergency medical responses for service calls in their established areas. Ambulance services may operate as private organizations, hospital-based (profit or not-for-profit) organizations, districts/boards, municipal council or county commission entities, or as a fire districts where the fire service is combined with the ambulance service. Each service area covered by a tax-based ambulance service constitutes a political subdivision and is responsible for its own organization and operation. Political subdivisions may contract with other licensed services to provide some or all of the services rendered. Sections 190.010 - 190.090, RSMo, relate to the creation, operation and management of ambulance districts by local political subdivisions.

Missouri is currently divided into 214 service areas covered by 217 ground ambulance services and 12 air ambulances. Twelve ground ambulance services are privately owned; 13 are owned by private hospitals; 112 services are districts; 10 services are operated by public hospitals; 5 services are operated by cities; 1 service is operated by volunteers; 61 services are operated as fire departments; and 3 are owned by counties. The 12 air ambulance operations are privately owned (7) or hospital-based (5).

All ambulance services are required to hold a license regardless of how they are governed (privately, hospital-based, municipal, etc.) and licenses are issued for the "service"; individual ambulance vehicles are not "licensed" by the Bureau.

Ambulance services are licensed for five-year periods by BEMS. Services receive notification 120 days before the expiration of their current license so they have sufficient time to prepare for the next license inspection. Licenses are only issued after inspection by the Bureau to determine compliance with applicable statutory and regulatory requirements. Upon completion of the inspection, the ambulance service receives a letter detailing identified deficiencies and a request for a plan of correction. After verification by the Bureau that deficiencies have been corrected, a license is issued. BEMS staff stated that ambulance services frequently submit relicensing information early so inspections can be performed and corrective action taken on deficiencies found by the inspector prior to the expiration of the license.

BEMS maintains no policy and procedures related to how an individual ambulance service operates. Each licensed service is required to maintain its own policies and procedures by 19 CSR 30-40. These policies and procedures may be reviewed by the BEMS inspector during an

OVERSIGHT DIVISION

Program Evaluation of the Department of Health and Senior Services  
Bureau of Emergency Medical Services

inspection, but the Bureau has no authority over the service's policies and procedures. BEMS is responsible only for "licensing" the service and conducting inspections related to licensing and relicensing of the service. Licensing inspections include, but are not limited to, ensuring the service operates 24-hours a day, is staffed by the appropriate personnel, equipment meets specified standards and the ambulance maintains the proper equipment and supplies for the level of service it provides (advanced life support or basic life support), that the service is under the direction of a medical director, and that it maintains appropriate records.

The Bureau does not conduct "audits" of ambulance services to determine whether the services provided are billed appropriately, that trip tickets are reconciled for payment purposes or to account for mileage on an ambulance's odometer, or issues like mileage variances. Based on discussions with BEMS staff and ambulance service personnel in the mid-Missouri area, these are the sole responsibility of the ambulance service. It is not uncommon for ambulances to be used for public relations events (football games, community awareness events, etc.) or other business-related, but non-billable purposes. Any concerns regarding billing, mileage, etc., are the responsibility of the service.

Although the Bureau is not involved with how ambulance services are operated, the services do report certain information to BEMS through the Missouri Automated Reporting System. The system was developed by DHSS for ambulance services to report ambulance run information to the Department. Quarterly information is submitted by each service to DHSS. BEMS does not have a regulatory requirement mandating ambulance services report all run data. At the present time, only "life threat" calls must be reported to the Bureau. However, between 70-80% of all services do currently report all of their run information through the reporting system. BEMS is working with the remaining services to get them reporting all of their run information. The goal of the data collection system is to see how treatments are handled for patient events, from start to finish, in order to improve the patient care provided.

BEMS provided that data from 675,553 ambulance runs was submitted to the reporting system for FY 2015; 361,750 of those calls (53.5%) were reported by 11 services in the state (services with more than 10,000 calls each); and 183 of 217 services reported at least one "life-threat" run to the system.

DHSS anticipates over one million calls will be reported to the automated reporting system when it is fully implemented (all ambulance services fully reporting). DHSS currently provides grants to ambulance services in need of updated computer equipment and will provide computers to ambulance services in exchange for data collection on runs done by the service for the next two years. However, some services choose not to report data run information to DHSS, other than the "life threat" data currently required. New federal requirements that will go into effect in 2016 will mandate reporting by all services.

Since not all ambulance services provide significant amounts of data to the BEMS on the number and types of service runs made and the size and operations of services vary significantly around the state, the Bureau does not generate or use statistical information for ambulance service comparisons or use complaint statistics to determine whether additional review should be performed during re licensure activities. As the Bureau only has the authority to resolve complaints related to licensing and clinical care issues (as discussed later), it believes using complaint-related statistics in comparing ambulance services to be of no benefit to BEMS.

#### Training Entity Licensing

The Comprehensive Emergency Medical Services Systems Act of 1998 requires the DHSS regulate and accredit training institutions that provide education and training for all levels of Emergency Medical Services personnel. Training facilities also provide continuing education for all levels of licensed Emergency Medical Technicians. EMT license classifications are: Basic, Intermediate, and Paramedic levels depending on their level of training and experience.

Training entity accreditation requires an application process and an on-site inspection to determine compliance with applicable statutory and regulatory requirements. Training entities are generally operated by ambulance services, colleges and universities, technical colleges and high schools. Entities must re-accredit (relicense) every five years and re-accreditation requires the same application and inspection process as an initial accreditation. BEMS conducts periodic reviews of the training entities to assure continued compliance with requirements and promulgated rules.

#### Emergency Medical Response Agencies

BEMS is also responsible for licensing Emergency Medical Response Agencies (EMRAs). An EMRA's task is to respond quickly to a scene, preferably before an ambulance arrives, to provide first responder aid (similar to first aid). First responders take 40 hours of training. EMRAs are generally operated by fire departments and do not transport patients or offer ambulance-type services. BEMS does not license the first responders, only the EMRAs. During EMRA accreditation and re-accreditation, BEMS reviews for memorandums of understanding with local ambulance services, records and forms, and other information the EMRA is required to maintain for certification purposes.

Like training entity licensing, EMRA accreditation/licensing requires an application process and an on-site inspection to determine compliance with applicable statutory and regulatory requirements. EMRAs must re-accredit (relicense) every five years and re-accreditation requires the same application and inspection process as an initial accreditation.

### EMT Licensing

Section 190.142, RSMo provides that DHSS shall issue a license to all levels of emergency medical technicians for a period of five years, if the applicant meets the requirements established by law and the rules adopted by the Department. Requirements for licensing include, but are not limited to: age, education and training, initial licensure testing, continuing education, and the ability to speak, read, and write the English language.

In order for an EMT, at any level, to initially become licensed in the state of Missouri, the National Registry of Emergency Medical Technicians (National Registry) exam must be passed. Applicants must submit a copy of their National Registry certification card (received when the exam is passed), the BEMS application form, and two fingerprint cards to the Bureau so that a background check can be performed prior to obtaining a license. BEMS accepts applicant information submitted by mail, but encourages all applicants to submit information electronically. All licenses are issued electronically by BEMS to the email address provided by the applicant after the information has been reviewed and the background check completed. Applicants may be denied initial licensure based on the results of the background check if the person has a criminal record for something that would "endanger" the public or the EMT has not obtained certification by the National Registry.

Passage of the National Registry exam results in the EMT being a member of the National Registry for a period of two years. At the end of the two-year period, the EMT may renew their National Registry membership for a \$35 fee, if 72 hours of continuing education have been completed. However, continued membership in the national registry is not required to maintain a Missouri license.

Missouri EMT licenses are issued for five years. The BEMS sends an email to the licensee 120 days prior to the expiration of their license, notifying them of the pending expiration. If the licensee has maintained their National Registry certification and been a resident of the state for the preceding five years, only the EMS Personnel License Application (found online) and a copy of the National Registry card is required for relicensing. The Bureau conducts a Missouri background check on the applicant once the application and National Registry card is received. If the applicant has not been a resident of the state for the past five years, fingerprint cards have to be provided so the BEMS can have a federal background check performed on the licensee. Once the background check is completed, the Bureau sends the applicant their license electronically. Applicants may be denied relicensure based on the results of their background check if the Bureau determines licensing the applicant could endanger the public.

EMTs that have not maintained National Registry certification are required to submit an EMS Personnel License Application, certify that they have been residents of the state for the past five years (or submit fingerprint cards), and submit a declaration of continuing education units/credits (CEUs). The number of CEUs that an EMT must have taken during the previous five years in order to relicense depends on the level of their license (EMT-Basic = 100 CEUs; EMT-Paramedic = 144 CEUs). This declaration requires the licensee to provide the name of the course

taken, the number of hours of the course, whether the hours are core hours or elective hours, and the training entity's accreditation number or other accrediting agency information. Applicants are not to submit individual course certificates. BEMS reviews the CEU declaration submitted and conducts the appropriate background check prior to issuing the license. Applicants may be denied re licensure based on the results of their background check or if the BEMS finds problems with the CEUs reported.

According to BEMS staff, all declarations of CEUs are reviewed. Of those relicensing by submission of CEUs, approximately 10% are audited by BEMS. When an applicant submitting CEUs is "audited", BEMS contacts the applicant and requests the applicant submit the certificate of completion for each class for which the applicant claimed CEUs. The training entities providing those CEUs are then contacted and their records requested as well. CEUs are acceptable as long as the entity providing the CEUs and the course itself is nationally recognized, recognized by another state, or provided by a training facility certified by BEMS. Through this method, the Bureau is able to determine that the curriculum of the classes being used for CEUs is consistent with the EMS National Standard Curriculum for the level of licensure being sought by the applicant.

Once licensed by the state, EMTs may only perform patient care that is consistent with the training, education and experience of the technician and that which is ordered by a physician or set forth in the protocols approved by a medical director of the service where the EMT is employed.

#### Suspension, Revocation, and Reinstatement of Licenses

Section 190.165, RSMo provides that DHSS may refuse to issue or deny renewal of any license required by sections 190.001 to 190.245. BEMS is to notify the applicant, in writing, of the reason for refusal to issue a license and advise the applicant of his/her right to file a complaint with the Administrative Hearing Commission (AHC). Upon finding by the AHC that the grounds for disciplinary action are met, DHSS may censure or place the person on probation on such terms as the department deems appropriate, or may suspend or revoke the license. An individual whose license has been revoked is to wait one year before reapplying for re licensure. If there is an imminent threat to public health, BEMS may suspend a license simultaneously with the filing of the complaint with the AHC.

In addition, Section 190.196, RSMo provides that "employers shall not knowingly employ or permit any employee to perform services for which a license is required by sections 190.001 to 190.245, RSMo until the person possesses a license. Any person or entity that employs or supervises a person's activities as a first responder, EMT, registered nurse or physician is to cooperate with the BEMS' efforts to monitor and enforce compliance by those individuals. Any person or entity who employs individuals licensed by the BEMS shall report to the department within 72 hours of their having knowledge of any charges filed against a licensee in their employ for possible criminal action. Any licensee who has charges filed against him/her for specified felony offenses (child abuse or sexual abuse of a child, crimes of violence, or rape or sexual abuse) is to report such occurrence to the department within 72 hours of charges being filed."

OVERSIGHT DIVISION

Program Evaluation of the Department of Health and Senior Services  
Bureau of Emergency Medical Services

Table 1 shows the number of licenses denied, revoked or suspended by the BEMS between July 1, 2010 and June 30, 2015.

Table 1 - Number of Denied, Suspended, Revoked and Surrendered Licenses

Year/ License Type	Denied	Suspended	Revoked	Surrendered
<b>2015</b>				
EMT (all levels)	4	0	2	1
Training Entity	0	0	0	0
<b>2014</b>				
EMT (all levels)	7	0	4	3
Training Entity	1	0	0	0
<b>2013</b>				
EMT (all levels)	1	0	2	0
Training Entity	0	0	0	0
<b>2012</b>				
EMT (all levels)	1	0	0	0
Training Entity	0	0	0	0
<b>2011</b>				
EMT (all levels)	0	0	4	0
Training Entity	0	0	0	0
<b>TOTAL EMTs</b>	<b>13</b>	<b>0</b>	<b>12</b>	<b>4</b>
<b>TOTAL Training Entities</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

**NOTE:** BEMS officials state that no ambulance service licenses have ever been denied, suspended, or revoked. If an ambulance service's license was to be revoked, denied, or suspended, then the population of the area that the ambulance service provides services to could be without an ambulance service. Rather than having an area of the state without an emergency medical service, BEMS works with the service so that it meets or exceeds the necessary level of compliance for licensure.

BEMS staff provided that denial of a license only occurs during the application or reapplication process of a license. The licensee's criminal record is reviewed and the findings of the background check could result in a denial. In addition, National Registry certification is verified or CEUs are checked/verified and a denial could result from the lack of certification or insufficient continuing education credits.

Revocation of a license occurs mid-licensure cycle and usually results when a licensee engages in an activity that could negatively affect patient care or would result in the denial of a license had it been known at the time of application. In order for the Bureau to revoke a license, due process must be followed. The licensee must be notified by the Bureau of the intent to revoke the license and the case must be filed with the AHC. If the AHC finds the grounds for disciplinary action are met, BEMS may revoke the license. Any licensee that has his/her license revoked may reapply for a license one year after the date of revocation. At reapplication, the BEMS may decide to reinstate the applicant's license.

The BEMS may also put a licensee on probation. Probation is a condition the BEMS considers relevant only for EMT licenses. The BEMS may consider probation appropriate for certain criminal convictions, i.e., a DWI, or for submitting the application to relicense after the current license has expired. The Bureau tries to balance how the potential loss of a license would impact the EMT, the ambulance service the EMT is employed by, and the potential impact to the community. Depending on the circumstance, probation can be a few months or continue until the end of the licensing period. However, in order for a licensee to be placed on probation, the BEMS must go through the AHC to ensure the licensee receives due process. If the licensee disagrees with the findings of the AHC that the Bureau has cause to discipline, he/she can file an appeal to the Department of Social Services and have a hearing with a Social Services Hearing Officer. The Hearing Officer hears the case and determines the appropriateness of the discipline recommended. If the licensee disagrees with the Hearing Officer's determination, he/she can file an appeal with the Circuit Court.

#### Findings and Recommendations Related to Licensing

Section 190.142.1, RSMo provides that "The department shall...cause such investigation as it deems necessary to be made of the applicant for an emergency medical technician's license." BEMS' current procedures require all first-time applicants and applicants seeking re licensure that have not been residents of the state of Missouri for the preceding five years, to submit two finger print cards. The Bureau then conducts both a federal and state background check on these applicants, free of charge to the applicant, prior to issuing a license. For all applicants seeking re licensure that have been residents of the state for the preceding five years, the Bureau conducts a Missouri background check, also free of charge.

BEMS has submitted a legislative proposal which would require all applicants to utilize the Missouri State Highway Patrol's Cogent system for background checks. BEMS has been

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working with the Patrol regarding the potential implementation of the system into the EMS application process. With the proposed legislation, the process would require the applicant to make an appointment at one of the 63 3M Cogent locations around the state to be fingerprinted. Payment for the criminal record check would be made by the applicant to Cogent at that time. Upon receipt of the application, BEMS staff would access the Patrol's online portal (MACHS), as is done now, to obtain the results of the applicant's criminal record check. BEMS would no longer receive or forward any fingerprint cards and would not be responsible for collecting payment. The level of the criminal record check for in-state applicants would be at a higher level than is currently being performed.

The State currently pays for all criminal background checks conducted on EMS applicants through the General Revenue Fund. The BEMS also receives out-of-state applicant fingerprint cards that have to be forwarded to the Patrol for processing. In addition to the background check fees, postage fees are also required. BEMS estimates implementing the Patrol's Cogent system into the EMS application process would result in a savings to the General Revenue Fund of approximately \$60,000 per year. Out-of-state applicants would submit their fingerprint cards and payment directly to Cogent, by mail or electronically, rather than going through the Bureau.

**Finding #1:** The BEMS only performs federal background checks as part of an EMT's initial licensure. Missouri background checks are performed on relicensure applicants every five years unless there is evidence that the licensee has left the state and was not a resident at some point in the preceding five years. In addition, BEMS does not run applicants against the Missouri Employee Disqualification List or the Childcare Safety Registry to determine whether applicants appear on those registries.

**Recommendation:** Oversight recommends the BEMS perform a federal background check on relicensure applicants, as the Missouri background check will not disclose convictions that could have occurred in other states since the original background check was performed. Oversight further recommends that BEMS' background checks on applicants include checks against the Missouri Employee Disqualification List and the Childcare Safety Registry.

Oversight also recommends the BEMS actively pursue passage of the proposal to utilize the Missouri State Highway Patrol's Cogent system for collecting and processing background checks on all EMS applicants. EMS applicants should be required to pay federal and state background check fees. The total cost of the federal and state fingerprint background check through the Patrol's Cogent system is \$43.05 (\$14.75 federal + \$20 state + \$8.30 contractor/vender fee to collect and process the fingerprint cards).

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Section 190.165, RSMo provides that the department may refuse to issue or deny renewal of a certificate or license required pursuant to sections 190.100 to 190.245 for failure to comply with the provisions of those sections or any lawful regulation promulgated by the department to

implement the provisions described in subsection 2. Subsection 2 provides that “the department may cause a complaint to be filed with the AHC against the holder of a license...for failure to comply with the provisions of 190.100 to 190.245 or any lawful regulations promulgated by the department to implement such sections”, but the regulations are limited to specific incidences including, but not limited to: 1) The use or unlawful possession of controlled substances or alcohol that impairs the ability of the person to perform the work required; 2) being finally adjudicated and found guilty, or having entered a plea of nolo contendere, in a criminal prosecution for any offense reasonably related to the qualifications, functions or duties of any activity licensed or regulated pursuant to 190.100 to 190.245; 3) for any offense of an essential element of which fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed; 4) use of fraud, deception, misrepresentation or bribery; 5) incompetency, misconduct, gross negligence; or 6) impersonating any person holding a certificate or permit or license or allowing a person to use his/her certificate or permit or license.

After the filing of the complaint, the proceedings are to be conducted in accordance with the provisions of chapter 621, RSMo. Upon a finding by the AHC that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the department may, singly or in combination, censure or place the person named in the complaint on probation for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate or permit.

An individual whose license has been revoked shall wait one year from the date of the revocation to apply for re licensure. Relicensure shall be at the discretion of the department. Any individual whose license has been revoked twice within a ten-year period shall not be eligible for re licensure.

**Finding #2:** Only applicants who have had their license revoked twice within a ten-year period are not eligible for re licensure. Applicants who have felony convictions for such crimes as child abuse, sexual abuse of a child, crimes of violence, or rape can repeatedly apply for licensure even if the application is denied by BEMS. In addition, applicants convicted of felony offenses related to the offenses listed in section 190.165, RSMo can also continue to submit applications for licensure because the Bureau does not have the authority to permanently deny an applicant an EMT license for certain felony convictions.

**Recommendation:** Oversight recommends the BEMS work with the legislature to draft legislation that provides BEMS with the authority to permanently deny an EMT license to applicants with certain felony convictions. Permanent denials should be authorized by law for criminal offenses that would cause a reasonable person to question their safety around an EMT.

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Per discussions with BEMS officials, the Bureau does not currently have the statutory authority to issue “official” letters of censure to a licensee (put on probation) for wrong-doing when the offense has not jeopardized patient care and safety. An example provided by the Bureau was of an applicant that submitted an application for relicensure after the current license had lapsed. However, upon review, it was determined the licensee had not provided direct patient care during the period of the lapsed license. Official letters of censure could be placed in licensee files for periodic follow-up by the inspector during the licensure period and again when the licensee applied for relicensure. This would allow the Bureau to have the option to discipline licensees for “minor” infractions without going through the AHC.

BEMS officials indicated they would like to have statutory authority similar to that granted in 195.040.8, RSMo. 195.040.8, RSMo provides “the department of health and senior services may warn or censure a registrant ... restrict or limit a registration under such terms and conditions as the department of health and senior services considers appropriate for a period of five years... Any registration placed under a limitation or restriction by the department of health and senior services shall be termed “under probation”.”

Current BEMS law, found in 190.165.3, RSMo provides that after filing of such complaint (wrong-doing), the proceedings shall be conducted in accordance with the provisions of Chapter 621. “Upon a finding by the AHC that the grounds...for disciplinary action are met, the department may censure or place the person named in the complaint on probation...”

**Finding #3:** BEMS can not censure or place on probation licensees for violations without going through the AHC if the conditions surrounding the violation are deemed to be “minor”.

**Recommendation:** BEMS should work with legislators to draft language similar to that currently in law in 195.040.8, RSMo so that the Bureau can discipline licensees (place on probation) for issues deemed “minor” and not serious enough to be sent to the AHC. Passage of such a proposal should contain language allowing BEMS to censure, or warn, a licensee for failure to follow licensure laws.

## **Chapter 3 - Complaint Resolution**

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Section 190.248, RSMo provides that “all investigations conducted in response to allegations of violations of sections 190.001 to 190.245 shall be completed within six months of receipt of the allegation.” In addition, the section provides that “any departmental investigations that involve other administrative or law enforcement agencies shall be completed within six months of notification and final determination by such administrative or law enforcement agencies.” BEMS considers all complaints to be allegations of violations of the law and states it is the Bureau’s policy to have its investigations completed within three months of the date received, if possible.

Most complaints receive by BEMS are received through conventional methods like telephone calls, email, the Central Registry, and from hospitals. However, BEMS frequently generates the complaints that it investigates. Bureau-generated complaints usually result when the Bureau determines an application for relicensure has been received after a license has expired or from a criminal conviction discovered during the application review process. In all instances, a complaint number is generated and an investigation is conducted.

BEMS is only responsible for conducting investigations, and resolving complaint issues, related to EMS licensing (ambulance services, EMRAs, training facilities, and EMTs), training issues, and “clinical care” issues, i.e. did the care provided meet the standards established for EMS care and was it appropriate for the situation? BEMS does not have statutory authority to investigate and resolve complaints that involve issues related to the business operations of an ambulance service, including personnel issues, billing, mileage rates, or funding.

During the period of this review, July 1, 2010 to June 30, 2015, the BEMS received the complaint totals provided in Table 2.

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Table 2 - All Complaints Received/Generated by BEMS

	Total by Year	Ambulance Complaints	All EMT Complaints	Training Entity Complaints	Other Complaints
FY 2011	52	16	35	0	1
FY 2012	42	15	27	0	0
FY 2013	33	6	26	0	1
FY 2014	133	11	113	6	3
FY 2015	232	29	197	3	3
<b>TOTAL</b>	<b>492</b>	<b>77</b>	<b>398</b>	<b>9</b>	<b>8</b>

Oversight obtained a listing of all of the complaints received by BEMS in FYs 2011 - 2015 and selected a random sample of 50 complaints to review. The sample included a larger number of complaints from FYs 2014 and 2015 (10 and 25 respectively) because of the higher number of complaints reported for those years.

Oversight observed no instances when the BEMS had not resolved a complaint within six months of the date the complaint was received by the Bureau. However, older files did not appear to be updated (FYs 2011 - 2013) and some files appeared to be lacking documentation, i.e. signed settlement agreements or “No Action” letters to respondents.

Oversight found that there were 59 “open” complaints from FYs 2011 - 2013. According to the records provided to Oversight, 17 complaints from FY 2011 remained open at the time of our fieldwork; 22 cases from FY 2012 remained open; and 20 cases from FY 2013 were still open. Of the 59 “open” complaints, 5 of those cases (2 from FY 2011; 1 from FY 2012; and 2 from FY 2013) were selected as sample items for further review by Oversight. Based on our review of those complaint records, the claims had been resolved and should have been closed. When asked whether the “open” complaints were in the process of resolution by the DHSS’ legal division, the AHC or courts, BEMS indicated that the “open” status of those complaints was due to a data entry error and that all of the complaints were actually closed and no longer being investigated. Each of the 59 “open” complaints were actually closed by being “unsubstantiated” (closed with no action) or a settlement agreement had been entered into with the party with whom the complaint was against (a licensee).

BEMS stated that settlement agreements and “No Action” letters to respondents are considered a result of the investigation rather than part of the investigation and are not generally included with the files. Bureau officials stated they have updated their database to reflect the “closed” status of those complaints.

Oversight's sample also included 3 "open" cases from FY 2015. Review of those records indicated that 2 of the cases were still being actively investigated by BEMS and were within the 6 month resolution period and 1 case, although "open", had been sent to the DHSS' legal division where charges are being filed against the licensee. Resolution by the Bureau of that complaint occurred within the six month period required by law.

As shown in Table 2, the number of complaints received by the Bureau has increased significantly since 2013. In FY 2014, the Bureau added an Investigator to its staff (by reclassifying an Inspector position) because the Bureau believed an Investigator would better meet the needs of the Bureau. Prior to the addition of the Investigator, all investigations into complaints were being performed by an Inspector. The Bureau believed that since an Investigator is specifically trained to gather information, the information gathered during an investigation would be significantly different than the information gathered by an Inspector. Having an Investigator has allowed BEMS to open and investigate significantly more complaints than had been investigated in previous years. Based on our review of the 50 sampled complaints, Oversight notes significant improvements in the documentation supporting BEMS' resolution of complaints, regardless of the findings.

The Bureau was unable to provide a policy and procedure manual relating to how complaint investigations were to be conducted by the Bureau for the entire period of this review. However, since 2013, the current Bureau Chief has developed a desk reference manual that provides direction and guidance to staff. The desk reference directs staff in the manner in which complaints are to be received and outlines the investigative process, including which staff are to work on complaint investigations (Investigator II) and which staff are to work on licensing issues (Inspector). All staff may receive complaints and prepare a "Complaint Initiation" report, but only the Investigator is to actually engage in investigative activities; likewise, only the Inspector is to engage in inspection functions. Staff now have direction on how to file forms, write reports, arrange work papers/documents, and how to title case documents so that all files are consistent and presented in the same format.

The Bureau maintains an Access database for all investigations/complaints. Each investigation/complaint is assigned a unique case number. To investigate a complaint, the investigator requests various reports be generated. The reports are used as evidence to support findings that a violation has or has not occurred. Reports may include: weather conditions, traffic and/or road conditions, or work schedules from an ambulance service if there are questions about the expiration of a license. The investigation process may include an informational conference held with the respondent, if necessary.

Case review meetings are held weekly to discuss the progress of investigations. When the investigation into a case is complete, the investigator notifies the Bureau Chief. The Bureau Chief reviews the case and provides direction to the investigator to: 1) close the case, no further action (the complaint is unsubstantiated); 2) upload the case file to the legal division for consideration; or 3) complete further investigational activities.

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If there is a potential for licensure action, (revocation, suspension, settlement agreement/probation, or denial of an application), the case is referred to the legal division for review. The DHSS' legal division will review the investigative documents and make one of the following recommendations: 1) close the case with no further action; 2) invite the respondent to attend an informational conference (an additional investigative activity); 3) recommend to offer a Settlement Agreement (probation); or 4) file a complaint with the AHC. If the AHC rules there is cause for discipline, a hearing is held by a Department of Social Services Hearing Officer to determine if the proposed discipline is appropriate.

Once a case has been uploaded to the DHSS' legal division, the BEMS considers the case "closed" as far as meeting the six month deadline for resolution established by section 190.248, RSMo. However, in BEMS' database of investigations, the complaint is left open until final resolution by the Department's legal division, the AHC or, if sent to the Courts for action, any court case that may ensue. Therefore, the time to resolve a complaint from its opening by BEMS through final resolution depends on a variety of factors. A significant number of cases are relatively simple in nature and are resolved in six to eight weeks. Other investigations may be extremely complicated, requiring technical review of records and/or interviewing and obtaining statements from numerous individuals. Due process afforded to respondents provides them with the ability and right to appeal licensure action decisions made by the AHC and appellate cases may continue for a number of years before final resolution.

The majority of complaint investigations opened and investigated by the BEMS concern EMS personnel (EMTs) that are late filing for renewal of their licenses. The Bureau always opens a complaint on an expired license when the licensee submits an application for re licensure or when something is discovered during the licensing process that causes Bureau staff concern. Part of the investigation of an applicant with an expired license includes contacting the ambulance service(s) that employs the EMT to determine whether patient care was provided by the EMT after their license expired. Ambulance run information is obtained and reviewed by the Bureau. If no direct patient care was provided, the Bureau will immediately issue the license. However, if patient care was provided, the complaint will be "substantiated" and forwarded to the Department's legal division for further action. The Bureau is involved in determining the conditions of "settlement agreements" proposed by the legal division. Settlement agreements generally involve probation for some period of time (up to 5 years) rather than denial of the license. The length of the probation depends on the facts and findings of the case. Frequently, the Bureau will recommend, as part of the settlement agreement, that the individual attend a four-hour training course in Jefferson City covering such subjects as time management and the rules and regulations associated with licensing. The Bureau's Investigator monitors each probationer to assure compliance with the conditions of their probation.

The Bureau indicated that "No Action" letters and settlement agreements let licensees know the resolution of the complaints against their licenses. The Bureau began notifying complainants of the resolution of complaints in January 2013. Prior to 2013, Bureau policy was not to provide information regarding the resolution of a complaint directly to the complainant. Rather, the

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complainant would be directed to file a Sunshine request. Current procedures are to send letters to respondents when applicable, or provide the complainant with a letter advising that the investigation, resulting from the information they provided, has been completed (excludes investigations based on information from an anonymous reporter).

BEMS does not actively track expired licenses because not all licensees wish to renew their license. Besides sending notice to the licensee via email 120 days prior to the expiration of their license, the Bureau also relies on ambulance services to track the expiration date of their employees' licenses. Having EMS staff working without a valid license results in the ambulance service being out of compliance as well as the applicant. When this happens, the Bureau sends letters to both the licensee and the ambulance service. The licensee's notification letter advises them that their license has expired and that per 190.142.5, RSMo, no person can hold themselves out as an EMT or provide services as an EMT until they are licensed by the department. In addition, the EMT is advised that they cannot legally provide services until their license is current. The ambulance service letter informs them that their employee was operating on an expired license and requests the ambulance service submit, in writing to BEMS, all policies and procedures the service has initiated to ensure future compliance with 190.196, RSMo. The ambulance service has 30 days to comply.

**Finding 4:** No documentation exists to verify that the open complaints from FY 2011, FY 2012, and FY 2013 were actually resolved and officially closed.

**Recommendation:** BEMS should continue to practice the policies and procedures implemented since 2013 to ensure resolution on all complaints. In addition, the Bureau should continue to ensure that the resolution of complaints continues to occur within the time frame provided by law. BEMS should continue to follow-up on open complaints and verify that complaint results are accurately documented in the database.

## **Chapter 4 - Ambulance Service Visits**

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Oversight visited three ambulance services in the Central Missouri area and asked them to provide general information regarding the operations of their services and issues they may have regarding current practices. Each service contacted is supported by sale taxes and property taxes, as well as billings for services and each service operates under its own board or commission and reports to that board or commission.

The ambulance services, or their governing body, contract with independent Certified Public Accounting firms to have audits of their financial statements done on a regular basis. Review of previous audit reports disclosed no findings for the districts reviewed. Administrators for the ambulance services stated the audits may include random samples of trip tickets to ensure the accuracy of the trip tickets. However, due to public relations appearances at football games and other authorized usages of the ambulance vehicles that do not result in billings, the total mileage on an ambulance will not match the totals of run records/trip tickets.

Trip tickets are also reconciled/audited by the ambulance services' third party billing companies. Only "loaded" miles (when a patient is in the ambulance) are billable. Miles getting to the patient and miles returning to the station after the patient has been dropped off, are not billable. The Centers for Medicare and Medicaid Services has established a charge master of the distances between each service and locations to which the service might travel. Only the miles per the Centers for Medicare and Medicaid Services' charge masters may be billed. Miles exceeding the Centers for Medicare and Medicaid Services' charge master can't be billed to either the patient or insurance and has to be absorbed by the service. In addition, each ambulance service has a service rate established by the Centers for Medicare and Medicaid Services (based on the population demographics of the area). All patients are billed the same rate depending on the services received (Basic Life Support or Advanced Life Support with varying levels of care) plus "loaded" miles. Mileage is documented by the ambulance crew on call. If there are variances from what is expected, a review of the variance is conducted and the reason determined. This is done prior to billing and all billings are done electronically.

Ambulance services receive most of their complaints directly, generally by telephone, in person, or by email. All complaints are tracked and investigated, if possible. The services indicated that most complaints are resolved quickly (in a day or two), but it does depend on the complexity of the complaint. Each district indicated that they communicate the outcome of the complaint investigation to the complainant. Unless the complainant contacts BEMS directly or the complaint involves something like an expired license, all complaints are resolved in-house and not communicated to BEMS.

Each service indicated they have software in place that monitors and tracks the expiration dates of EMS personnel licenses and the continuing education completed by the EMT. One ambulance service requires employees to have continuing education on a monthly basis.

Oversight inquired of the ambulance services' position on the five-year licensing renewal period and the following comments were made:

- 1) Some concerns were expressed about the 5-year licensing period for all levels of EMTs being too long. However, it was noted that volunteer ambulance services and services struggling financially probably need five years to prepare for relicensing visits by BEMS because of the time it takes to gather the information and prepare for the visit.
- 2) If the licensing period were shortened for EMTs, it would not significantly impact licensees if the number of continuing education units (CEUs) was also lowered proportionately to reflect the shorter licensing period. Currently, EMT-Basics have to have 100 CEUs in 5 years (average 20 CEUs per year) and EMT-Paramedics have to have 144 CEUs in 5 years (average approximately 29 CEUs per year). However, if the licensing periods were to change, but not the number of CEUs, it would be difficult to get the required education.

In addition to the comments on the five-year licensing period, the services provided the following suggestions:

- 1) All levels of EMTs have to pass the National Registry exam to receive an initial license in the state of Missouri. However, the state does not require EMTs to maintain their National Registry license. If existing Missouri licensees were allowed to be grandfathered-in on the National Registry, all newly licensed EMTs should be required to maintain their National Registry license. The National Registry requires licensees to complete 72 hours of continuing education every two years, which meets Missouri's CEU requirements, and charges a \$35 license renewal fee.
- 2) The State of Missouri should be charging a nominal fee for issuing licenses if the fee were to go to BEMS to improve the services and oversight provided to ambulance services and their personnel. Suggested fees by the ambulance services ranged from \$30 to \$100 for a five-year license. It was suggested, however, that volunteer EMS personnel and services not be charged a licensing fee.
- 3) All services indicated that BEMS was not as efficient as in the past due to budget cuts. If additional revenue from license fees were to be dedicated to the Bureau, the Bureau could provide newsletters, website/ports/blogs and resource guides with information for the services and personnel to access. In addition, knowledge-based systems could be

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developed by the Bureau. An example was provided that described a volunteer fire department in the area with access to a database of information on the types of equipment available in other districts and contact information so if that equipment was needed by another district, that service could be contacted. Ambulance services would like to have access to the same type of information in the event of a mass casualty so they would know who to contact for extra equipment and resources. Another example was for a listing of EMS administrators and a portal to track employees around the state. The current employee list on BEMS' website is out of date and not user-friendly.

4) All of the services supported additional and more frequent background checks on EMS personnel. It was proposed that licensees pay for their own background checks.

5) Licenses should not be sent via the internet. The districts understand this was a cost-saving measure, but the licenses can be easily altered through Photoshop. Forging of licenses could be a problem and with the current on-line system for checking licensees, it is very difficult for services to detect fraudulent licenses.

6) The services stated that it does not appear BEMS makes a good attempt to contact licensees when their licenses are about to expire. Although the Bureau sends out an email to licensees when their license is about to expire, the licensees do not always receive the emails. However, the services acknowledged that there isn't a better way to track licensees.

7) All of the services contacted would like to see BEMS expanded to a capacity that allows the Bureau to deal with issues presented by the districts and licensees and to be able to respond to current issues by providing information or education on current issues.

## **Chapter 5 - Comparison of Missouri's EMS Program to Other States**

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Oversight compared Missouri's EMS program to four other states: Georgia, Indiana, Tennessee and Kentucky. Each state's EMS program is unique and different and, therefore, only general comparisons can be made. Oversight reviewed state statutes for each of the states and accessed web information.

1. All states have requirements for the application, licensure, and continuing education of EMS personnel but only Indiana did not have specific language in its statutes regarding background checks of EMS personnel.
2. Georgia, Indiana, Kentucky and Tennessee all have 2-year licensing periods for EMS personnel while Missouri has a 5-year licensing period. Each state, except Missouri and Indiana, charges a licensing fee.

Georgia's licensing/application fees vary from \$25 to \$75, depending on the level of the license; Kentucky charges \$40 (\$30 certification fee + \$10 application fee) for initial certifications and \$25 for renewals; and Tennessee charges various fees for applications, licenses, renewals, reinstatements, etc., Initial license fees for Tennessee range from \$75 to \$100 depending on the license, while renewal fees are in the \$65 to \$75 range.

3. Georgia requires 20 hours of continuing education per year; Kentucky requires EMTs to maintain evidence of either current registration by the National Registry for Emergency Medical Technicians or 24 hours of continuing education every two years; Indiana EMTs are required to have 40 hours of continuing education every two years; and, depending on the level of certification, and Tennessee requires EMS personnel to complete between 10 and 32 hours of continuing education every two years.
4. Tennessee gives EMS license holders a 60 day grace period for renewing their EMS licenses. If the license is not renewed during that period of time, then the licensee is required to reapply for licensure in accordance with rules established by the Kentucky Board of Emergency Medical Services. Missouri does not give license holders a grace period but does send electronic notification 120 days in advance of the upcoming expiration.
5. Georgia's and Indiana's statutes provide which fund licensing fees will be deposited into and, although Kentucky provides that licensing fees will be deposited in a special fund, the fund is not specifically identified. Missouri and Tennessee do not have such provisions.

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6. Missouri is the only state with a requirement for a uniform data collection system.
7. The right to a hearing for the suspension or revocation of a license is provided for by all of the states reviewed. Who has the final decision as to the action taken varies with the state.

**Finding:** Missouri's EMS licensing period may be excessive when compared to the licensing period of other states and EMS personnel are not charged a fee to obtain a license.

**Recommendation:** Oversight recommends the BEMS, the State Advisory Committee on Emergency Medical Services, and the state legislature consider shortening the period of time Missouri's EMS personnel are licensed and imposing a fee to obtain an EMS license.

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Oversight would like to thank the Department of Health and Senior Services, Bureau of Emergency Medical Services for their assistance during this program evaluation.

## **Chapter 6 - Acronyms and Abbreviations**

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AHC - Administrative Hearing Commission  
BEMS or Bureau - Bureau of Emergency Medical Services  
CEU - Continuing Education Unit  
DHSS - Department of Health and Senior Services  
EMRA - Emergency Medical Response Agency  
EMS - Emergency Medical Services  
EMT - Emergency Medical Technician